

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
FOR USE WITH FORM PTO 875

SERIAL NO.

10065152

FILING DATE

APP. CLASS.

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	/						51		/				
2		/					52		/				
3		/					53	/					
4		/					54	/					
5		/					55		/				
6		/					56		/				
7		/					57		/				
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12		/					62		/				
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16		/					66		/				
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18		/					68		/				
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42		/					92						
43		/					93						
44	/						94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND							TOTAL IND	6					
TOTAL DEP							TOTAL DEP	66					
TOTAL CLAIMS							TOTAL CLAIMS	72					